Response to Letter: How Much Free Sugars Intake Should Be Recommended for Children Younger Than 2 Years Old?

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To the Editor: A recent publication addressed the European Society for Paediatric, Gastroenterology, Hepatology and Nutrition (ESPGHAN) Committee on Nutrition position about sugar in infants, children, and adolescents (1). Based on the World Health Organization guideline (2), the Committee stated that free sugar intake should be less than 5% of total calories for children and adolescents aged 2 to 18 years, suggesting that this figure should be lower to children younger than 2 years old. Establish a safe amount of sugar for infants may be a mistake because the evidence for this age group goes to the direction of nonexposure to the sweet taste early in life. Sweet taste experience in infancy triggers the preference for this flavor, which will determine children's poor dietary habits and consequently be a risk factor for noncommunicable diseases (3,4). Is the pediatric clinical use of sugar as an analgesic agent during painful procedures the main reason for the Committee to step away from a definite statement about sugar intake and infants (5)? Guidelines are intended for the general population and not for an individual one, which should be left open for the professional in clinical and technical responsibility. Therefore, based on evidence, the American Heart Association committee recommended (6): ''Because there is minimal room for nutrient-free calories in the habitual diets of very young children, added sugars should be avoided in the diet of children <2 years of age''. That is the statement we are expecting to be internationally widespread and hopefully help to build a healthy food environment for children.

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Reply: Dr Vitolo (1) asks what led the ESPGHAN CoN ''to step away from a definite statement about sugar intake and infants'' in our recent Position paper (2). We would like to clarify that our recommendation certainly does not mean that we are ''stepping away'' or establishing a ''safe amount'' of sugars for this age group.

The American Heart Association (AHA) recommends that ''added'' sugars should be avoided for children younger than 2 years (3). As explained in our article, the European Food Safety Authority (EFSA) and US definitions of ''added sugars'' (4,5) do not include sugars present in unsweetened fruit and vegetable juice and fruit juice concentrate, all of which are, however, captured in the WHO definition of free sugars (6), which we favour. Thus, children younger than 2 years who drink fruit juices and/or consume fruit juice concentrate, jellies, jams, preserves, and fruit spreads would still be following the AHA recommendation to avoid added sugars, whilst still consuming ''free'' sugars. Our recommendations state that ''there is no nutritional requirement for free sugars in infants, children and adolescents'' and suggest that the intake in those younger than 2 years should ''probably be even lower'' than the less than 5% of energy intake recommended for older children (2), partly considering the potential for sugar in infancy to influence taste and/or food preferences. We, however, did not provide a definitive figure because we found the evidence-base for doing so in this age group is not sufficiently robust, consisting largely of observational studies.

Furthermore, we have noted throughout the article the need to limit the intake of free sugars at all ages, and to clarify the terminology and labelling of sugars because consumers may not be aware that free sugars are present in foods and beverages, even when they are labelled as having ''no added sugar'' and ''naturally occurring sugars.'' We hope that such measures would contribute to building a healthier food environment for infants and children.

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